

Be Featured On



Submit a video about your special program that demonstrates one or more of the Surgeon General's priorities. Programs that best demonstrate the Surgeon General's priorities and effective collaboration will be featured on the "Tour of the Nation" section of the Surgeon General's web site at www.surgeongeneral.gov/tour.

The Priorities

Please indicate one or more of the Surgeon General's priorities that your project represents. You can find more information about these priorities at www.surgeongeneral.gov.

- Establishing a balanced community health system
- Eliminating health disparities
- Maintaining a global approach to public health

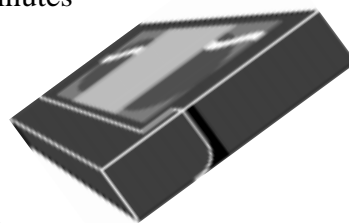
Send to



U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion
Attn: Surgeon General's Web Site
200 Independence Avenue SW., Room 738G
Washington, DC 20201

Video Tape

We prefer a 3-5 minute edited video clip of your event or program; however, we will consider up to 10 minutes of footage. We will also consider edited audio with photos and a storyboard, or photographs with an accompanying script.



Information To Provide

- Information about the event (location, date, number of participants, speakers, sponsors)
- Background information about your program or event
- List of project sponsors
- Appropriate media use permissions/waivers from participants
- Source of your funding
- Contact information

For more information: 202-205-0463 (fax) or SGWebSite@osophs.dhhs.gov (e-mail)

Consent and Waiver Form—Surgeon General’s Web Site, *Tour of the Nation*

I am submitting the project described below for consideration for inclusion in the *Tour of the Nation* section of the U.S. Surgeon General’s web site at www.surgeongeneral.gov.

I hereby grant to the U.S. Department of Health and Human Services and its assigns the absolute right to use the information I am submitting with this Consent and Waiver Form, including text, slides, computer files, video, and other media, for purposes of public information for as long and as often as it may elect. I understand that the Department is under no obligation to either use or return the material I am submitting.

I also grant the Department the right to use my name, the name of the organization I am representing, the sponsorship and contact information, and other background information submitted about the project in any news releases, promotional materials, video clips, computer files, and streaming video and other formats on the Internet and the World Wide Web, or in any other media.

I hereby waive all fees and/or royalties that might be applicable to these uses.

I waive any right to inspect and/or approve the presentations of the material that may be developed by the Department or its assigns, and agree to hold the Department harmless for such presentations. I hereby release the Department and its assigns from any and all claims related to or arising from the uses of the material consented to above.

I hereby certify that I am an authorized representative of the organization(s) that produced or holds copyright on the material submitted for consideration. I also certify that the organization(s) has obtained from any persons appearing in the material submitted all the necessary consents and releases required and holds all the appropriate copyrights to grant the Department permission to use the material as described above. (If children are involved in the material submitted, all required parental consents and releases also have been obtained.)

[If more than one organization has oversight of the project, additional forms are attached.]

Project: _____

Sponsors: _____

Signature

Date

Name/Title

Name of organization that the submitter represents

Address

City, State, ZIP

Telephone Number

FAX Number

E-mail Address